

FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	20	- 22	0	\$ 50.00	\$ 0.00
Indep. Claims	3	- 5	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
Petition for 1 Month Extension of Time					\$ 120.00
OTHER FEE (specify purpose):					\$ 0.00
TOTAL FEE					\$ 120.00

Credit Card Payment Form in the amount of **\$120.00** is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

July 11, 2005

Date



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 Registration No. 45,371
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